

**ALLEN MEMORIAL HOSPITAL
Performance Improvement Plan – Department**

Department: DHC Logan	Year: 2015
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	Revision:

1. Scope of Service (located in SOP 1-L-20-1 Plan of Care/Service)

2. Customers We Serve

- Patients
- Family
- Physicians
- Community Members/Organizations

3. Indicators to be Measured

Indicator (what to measure)	Threshold for Action (what is considered unacceptable performance)	Criteria (how it will be measured)	Benchmark (internal / external)
1. Patient/Family Experience-	<85%	Press Ganey – Information about delays	87%
2. Waiting time before procedure	<80%	Press Ganey	85%
3. Degree pain was controlled	<92%	Press Ganey	96%
4. Helpfulness of phone personnel	<87%	Press Ganey	92%
5. Helpfulness of registration person	<87%	Press Ganey	92%

4. Quality Controls

Threshold for Action

Benchmark

Outdate checks monthly	100%	100%
Code cart daily check	100%	100%
Control strip checks (Rapicide PA, Cidex, Rapicide)	100%	100%

5. Documentation of Team Training is required. Refer to Quarterly Report Form.

Threshold for Action (TFA): Any finding meeting the threshold of action requires immediate response. All TFAs are a minimum of 90% or other approved value; patient safety which includes the National Patient Safety Goals is 100%.

Benchmarks: What the “best hospitals” have achieved. Cite your source.